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DIVISION OF CORPORATIONS

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## **COVER LETTER**

SUBJECT: The enclosed Articles of Ar	nendment and fec(s) are subsence concerning this matter  William Rountree	omitted for filing.	
The enclosed Articles of Ar	nendment and fec(s) are subsence concerning this matter  William Rountree	omitted for filing, to the following:	
	City/State and Zip Code  gooselawn@outlook.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  Name of Person  Name of Person  Aca Code  Daytime Telephone Number		
Please return all correspond	William Rountree	-	
		Name of Person	
	Goose Lawn Company	Name of Person	
	Goose Lawn Company		
	coose Estar company.	LLC	
		Firm/Company	
	2829 Keel CT Apt 108		
		Address	
	Lantana, Fl 33462		
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			t notification)
For further information con	cerning this matter, please c	all:	
William Rountree		at t	
Name of P	erson	Area Code D:	aytime Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Florida document number L18000184309	were filed on August 01	. 2018	and ass	igned	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	pility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	n "LLC" or the abbrevi	ation "L.	L.C."
Enter new principal offices address, if appl	icable:	2829 Keel CT Apt 108	3		
(Principal office address MUST BE A STRE	Lantana, FL 33462			S VIO	
				AU	SION
Enter new mailing address, if applicable:	2829 Keel CT Apt 108	}	3 14 E		
(Mailing address MAY BE A POST OFFICE	Lantana, FI 33462			무상	
	7			— <del>;;</del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				-6-	<del>"</del>
B. If amending the registered agent and registered agent and/or the new registered of	office address her	<u>e</u> :	ecords. <u>enter the</u>	<u>name</u>	of the
Name of New Registered Agent:	William Rountree				
New Registered Office Address:	2829 Keel CT	Apt 108			
	Emer Florida street address				
	Lantana		, Florida <u>33462</u> 		
		City	Z.	Zip Code	
	Registered Agent:				

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member Title Name <u>Address</u> Type of Action \_ 🗆 Add ■ □ Remove \_\_\_\_\_ 

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Affective date, if an effective date is Note: If the date i locument's effecti	listed, the date mu inserted in this b	ist be specific and dock does not r	d cannot be prior meet the applic	able statutory	gor more than 90	(optional) 0 days after filing, ments, this date	) Pursuant to 6 will not be li	805.0207 isted as
e record speci The 90th day	ifies a delaye after the red	d effective of	iate, but no	ot an effecti	ive time, at	12:01 a.m.	on the ear	lier of
and Au	aust.	9	201	<u>8</u> ,				

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Typed or printed name of signee

Filing Fee: \$25.00